

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/521437

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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24						
25						
26						
27						
28						
29						
30						
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	16	←		←		←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						